

Message: March Haven A2A Quarterly Expense Report.xlsx**✉ March Haven A2A Quarterly Expense Report.xlsx**

From Andrea Vent **Date** Tuesday, April 18, 2017 10:09 AM
To Benne, Joy
Cc Kraft, Emily;Joyce Feegle
Journal joy.e.benne@dss.mo.gov
Recipients

 [March Haven A2A Quarterly Expense Report.xlsx \(23 Kb HTML\)](#)

Thank you...

Andrea Vent

Executive Director

The Haven of Grace

www.havenofgracestl.org

Main: 314-621-6507

Cell: 314-920-7306

1225 Warren Street

St. Louis, MO 63106

mission

Serving women who are pregnant and homeless, we provide a safe, nurturing home, educational programs and long-term support for mother and child. Founded in faith, we instill hope, dignity and the pride of independence, one family at a time.

	Total Indirect Administrative	\$ 3,115.80
17	Costs	
	Direct	
	Administrative	Federal (TANF)
18	Costs	
	Program	
	Salaries/Wages and	\$ 21,650.19
19	Benefits	
20	Employee Travel	\$ -
21	Employee Training	\$ 247.99
22	IT & Technology	\$ 934.03
23	Office Utilities	\$ 2,091.76
24	Facility Insurance	\$ 2,384.20
	Office Supplies (under	
25	\$ 5,000)	\$ 21.85
	Office Equipment	
26	Rental & Computers	\$ 316.38
	Office	
27	Communications	\$ 414.91
	Office Repairs and	
28	Maintenance	\$ 3,093.77
29	Contract/Consulting	\$ 2.93
30	Other (list):	\$ -
	(add other categories	
31	as needed)	\$ -
	Total Direct	
32	Administrative Cost	\$ 31,158.01
33	Less:	
	Equipment (Capital	
	Equipment over the	0
34	\$ 5,000 threshold)	
	Contracting/Consulting	
	(amount of each	
	contract service over	0
35	\$ 25,000)	
	Other based on	
36	definition	0
	Modified Total Direct	
37	Administrative Cost	\$ 31,158.01
38	Participant Services	Federal (TANF)
39	Transportation	\$ 123.43
40	Job Training	\$ -
41	Tuition Assistance	\$ 1,101.54
	Contracted Residential	\$ -

42 Care
43 Utility Assistance \$ 61.27
44 Emergency Shelter \$ -
45 Housing Assistance \$ 310.45
46 Basic Needs/Baby \$ 310.83
47 Mental Health \$ -
48 (add others as needed) \$ - \$ -
49 **Total Participant Costs** \$ 1,907.52
50
51

*I hereby certify that the budget is taken
from the original Books of Account and
that budget amounts are valid and*

52 *consistent with the terms of the contract.*

Signature of Date
Authorized

Representative of The

53 Haven of Grace

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Blank

A **B** **C** **D** **E** **F** **G** **H**

*Missouri Office of
Administration*

**FFY17 A2A Quarterly
Expenditure Report**

1 Agency: [Insert] Contract
2 Agency Name] Number:

Program Year July 1, 2016 -

4 *September 30, 2017*

5 Revenue	Federal
	(TANF)
6 Revenue Request	\$ -
7	
8 Costs Calculations	(Rate Indirect (Rate Administrative x Option 1: Federally Negotiated Indirect 9 Cost Rate (FNICR)
10 Application Base:	\$ - \$ -
Federally Negotiated	
Indirect Cost Rate	0.00%
11 (FNICR): %	
12 Total Indirect Administrative Costs	\$ -
13 OR	
14 FNICR)	
Application Base:	
Modified Total Direct	\$ - \$ -
15 Administrative Cost	
16	10%
17 Total Indirect Administrative Costs	\$ -
18 Direct Administrative Costs	Federal (TANF)
19 Program Salaries and Wages	\$ -
20 Employee Benefits	\$ -
21 Employee Travel	\$ -
22 Employee Training	\$ -
23 Office Rent/Space	\$ -
24 Office Utilities	\$ -
25 Facility Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment (Capitol Equipment over	\$ -

27	\$5,000 threshold)	
	Office	\$ -
28	Communications	\$ -
	Office Repairs and	\$ -
29	Maintenance	\$ -
30	Contract/Consulting	\$ -
31	Other (list):	\$ -
	(add other categories	\$ -
32	as needed)	\$ -
	Total Direct	
33	Administrative Cost	\$ -
34	Less:	
	Equipment (Capital	
	Equipment over the	0
35	\$5,000 threshold)	
	Contracting/Consulting	
	(amount of each	
	contract service over	0
36	\$25,000)	
	Other based on	0
37	definition	
	Modified Total Direct	
38	Administrative Cost	\$ -
39	Participant Services	Federal
		(TANF)
40	Transportation	\$ -
41	Job Training	\$ -
42	Tuition Assistance	\$ -
	Contracted Residential	
43	Care	\$ -
44	Utility Assistance	\$ -
45	Emergency Shelter	\$ -
46	Housing Assistance	\$ -
47	(add others as needed)	\$ - \$ -
	Total Participant	
48	Costs	\$ -
49		
50		

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the contract.*

Signature of Date
Authorized
Representative of

52 [Insert Agency Name]

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